

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

236 983

FILING DATE

8-26-88

APPLICANT(S)

Chopen

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		3				
5	1					
6	1					
7	1					
8		1				
9		1				
10		2				
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19	1					
20		1				
21		1				
22	1					
23		1				
24		2				
25		2				
26		2				
27		2				
28		2				
29	1					
30		1				
31		1				
32	1					
33		1				
34	1					
35		1				
36	1					
37		1				
38		1				
39		1				
40		1				
41		6				
42		6				
43	1					
44		1				
45		1				
46						
47						
48						
49						
50						
TOTAL IND.	13					
TOTAL DEP.	50					
TOTAL CLAIMS	63					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						